

<b>Case Number:</b>	CM13-0061408		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	05/14/1996
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old female with a reported date of injury of 05/13/1996. The mechanism of injury was not submitted within the medical records. The injured worker had diagnoses including lumbar radiculopathy, lumbar facet arthropathy, osteoarthritis, right shoulder pain, bilateral knee pain, chronic pain other, hypertension, status post bilateral knee surgery, status post right shoulder surgery times two (2) residuals. The progress note dated 08/07/2013, noted that the injured worker complained of medication related dyspepsia. The request of authorization form was not submitted with the medical records. The request is for Zantac 150mg twice a day (BID) #60 for gastrointestinal (GI) problems.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Zantac 150 mg BID # 60 for GI problemes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GOODDMAN AND GILLMAN'S, THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 11th Ed. McGRAW HILL, 2006; PHYSICIAN'S DESK REFERENCE, 65th Ed., WWW.RXLIST.COM; OFFICIAL DISABILITY GUIDELINES (ODG) WORKERS COMPENSATION DRUG FORMULARY, WWW.ODG-TWC.COM/ODGTWC/FORMULARY.HTM; DRUGS.COM; EPOCRATES ONLINE, WWW.ONLINE.EPOCRATES.COM; MONTHLY PRESCRIBING REFERENCE, WWW.EMPR.COM; OPIOID DOSE CALCULATOR - AMDD AGENCY MEDICAL

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**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68.

**Decision rationale:** The injured worker is taking opioids, muscle relaxants, anticonvulsants, and the non-steroidal anti-inflammatory drug (NSAID) is in gel form. According to the Chronic Pain Guidelines the clinician should determine if the patient is at risk for gastrointestinal (GI) events; over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant, or high dose and/or multiple NSAIDs. The only NSAID the injured worker is prescribed, is listed as being utilized in a topical gel form. There was a lack of documentation indicating the injured worker was at significant risk for gastrointestinal events. Therefore, the request for Zantac 150mg twice-a-day (BID) #60 for gastrointestinal (GI) problems is non-certified.